

June 23, 2003

MDR Tracking #:
IRO #:

M2-03-1121-01
5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Occupational Medicine. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

Among the items presented for review was a prescription for the requested interferential and muscle stimulator dated 2/14/03 and a letter signed by ___ dated 3/20/03 that appears to be a form letter from RS medical. There is also a letter dated 3.20/03 stating that ___ contacted ___ office regarding a renewal order for the interferential and muscle stimulator. He reported not only decreased pain, but decreased muscle spasms as well. He was able, during times of increased pain, to utilize the device better than additional oral medication. The doctor states that he feels this is an excellent plan for and would like for him to continue. Therefore, he is extending the original order for an indefinite time.

There is also a copy of a study entitled Electrical Muscle Stimulation as an Adjunct to Exercise Therapy in the Treatment of Non-acute Low Back Pain: A randomized Trial. This is from the Journal of Pain, vol. 2, No. 5 (October), 2001: pp295-300. This report states that the trial was done to investigate the efficacy of electrical muscle stimulation when combined with a therapist-guided, standardized exercise therapy program in the treatment of non-acute low back pain. There were two groups. The first group had a standardized exercise therapy with functional electrical muscle stimulation and the second had standardized exercise therapy with placebo electrical stimulation. The subjects were evaluated at baseline, two months, and six months with a standardized back pain questionnaire and objective measures of lumbar spine function. Exercise therapy was continued for six months, but electrical stimulation was discontinued at the two-month interval. Of the 80 patients initially enrolled, 42 discontinued or withdrew prior to completing the entire study protocol. At the two-month follow-up interval, subjects in the treatment group had statistically significantly improved lumbar spine function compared with the controlled subjects.

The effect continued during the last four months of the study after electrical stimulation had been discontinued. This suggests that electrical muscle stimulation can be an effective adjunctive treatment modality for non-acute low back pain. The effects of this combined therapy seem to last beyond the duration of electrical stimulation treatment.

Also provided was information from RS Medical dated 3/25/03 and 5/20/03. There are several patient usage reports and summary report where the patient had responded to questions asked from RS Medical.

REQUESTED SERVICE

The purchase of an RS-4i Sequential Stimulator, a four-channel combination muscle simulator and interferential unit, is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There were no copies of any actual medical records submitted for the review. The only information provided was a letter from ____ dated 3/20/03. However, this does not have much information except that the patient reported decreased pain and decreased muscle spasms. The diagnosis from the information from RS Medical is cervicgia. Otherwise, the reviewer is unable to determine a clinical history on this gentleman.

Even though there was a copy of the above study that was in the Journal of Pain, the study showed that of the 80 patients initially enrolled, 42 discontinued or withdrew before completing the entire protocol. Therefore, the study group was 38 patients, a small sample. Furthermore, the study shows that, even though the treatment group had statistically significantly improved lumbar spine function compared with the controlled studies, the effect continued during the last four months of the study after electrical stimulation had been discontinued. However, their report is based on effects of the combined therapy and electrical stimulation treatment.

To begin with, the study group was a small sample. Secondly, the study is based on a combination of standardized exercise therapy with functional electrical muscle stimulation. Furthermore, the study states that the effects continued during the last four months of the study after electrical stimulation had been discontinued. Therefore, the electrical stimulation appears to have been discontinued after two (2) months. Based on the information submitted, ____ used the unit for a total of 89 days. This is more than the two months that the electrical stimulation was used in the study.

Please note that of more significance is the fact that no medical records were submitted to note documentation of the injury, the diagnosis, work-up results, and the treatment provided to date. Therefore, the reviewer cannot determine how this patient did with the treatment that he was given.

Since no medical records were provided for review, there is no documentation to support the medical necessity of the proposed purchase of the RS-4i sequential stimulator, a four-channel combination muscle stimulator and interferential stimulator.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, dba ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).